Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
Northern District of Illinois		
Case number (# known):	Chapter you are filing under: 2 Chapter 7	
	Chapter 11	
	☐ Chapter 12 ☐ Chapter 13	☐ Check amend

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identif	y Yourself			
			About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full nam	е			
	Write the name		MARC		
	government-issi identification (fo	r example,	First name	1.4	First name
	your driver's lice passport).	ense or	Middle name	, Sen	Middle name
			WALKER		
	Bring your pictu identification to with the trustee.	your meeting	Last name	· ·	Last name
	Willia Gio Gastos	•	Suffix (Sr., Jr., II, III)		Suffix (Sr., Jr., II, III)
420000					
2	All other nam	nes vou			
٤.	have used in years	the last 8	First name		First name
	Include your maiden names.		Middle name		Middle name
	, maraon manaon		Last name		Last name
				Hara	First name
			First name		riist name
			Middle name		Middle name
			Last name	<u> </u>	Last name
2000 A					
2	Only the last	t 4 digits of	0 = 0 0	•	xxx - xx
٥.	your Social	Security	$xxx - xx - \underline{8} \underline{5} \underline{0} \underline{2}$	-	
***************************************	number or fo		OR		OR
	Individual Ta Identification (ITIN)		9 xx - xx	-	9 xx - xx

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Debtor 1 MARC WALK		Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	✓ I have not used any business names or EINs.	I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN EIN
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	0729 South Tripp	
	9728 South Tripp Number Street	Number Street
		<u> </u>
	Oak Lawn IL 60453	
	City State ZIP Code	City State ZIP Code
	Cook	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		大樓
	Number Street	Number Street
	P.O. Box	P.O. Box
		City State ZIP Code
	City State ZIP Code	City State ZIP Code
6. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
		22.1 (6.16 1.50)



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Case number (if known)____

MARC WALKER

Debtor 1

	rast value modie valu	ie	Last Name				
Pa	art 2: Tell the Court Abou	it Your B	ankrup	etcy Case			
7.	The chapter of the Bankruptcy Code you	Check or for Banki	ne. (For ruptcy (F	a brief description of each, see <i>Notic</i> Form 2010)). Also, go to the top of pa	e Required by 11 age 1 and check th	U.S.C. § 342(b) for Individuals Filing e appropriate box.	
	are choosing to file under	☑ Chap	oter 7				
		☐ Chap	oter 11				
		☐ Chap	oter 12				
		☐ Chap	oter 13				
8. How you will pay the fee		✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. □ I need to pay the fee in installments. If you choose this option, sign and attach the					
		By la less	uest th w, a ju than 15 the fee	dge may, but is not required to, v 50% of the official poverty line tha	request this opt waive your fee, a at applies to you iis option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the <i>Application to Have the</i>	
9.	Have you filed for	☑ No					
	bankruptcy within the last 8 years?	Yes.	District	When	MA / DD / MAA/	Case number	
			District	When			
			District	· · · · · · · · · · · · · · · · · · ·	MM / DD / YYYY	Case number	
			District	When	MM / DD / YYYY	Case number	
				ANNO SEE CHARLES AND ANNO AND			
10	. Are any bankruptcy cases pending or being	☑ No					
	filed by a spouse who is	Yes.	Debtor			Relationship to you	
	not filing this case with you, or by a business partner, or by an affiliate?		District	When	MM / DD / YYYY	Case number, if known	
	aiillate :		Debtor			Relationship to you	
			District	When		Case number, if known	
				HINNING TO A COLOR AND A COLOR	MM / DD / YYYY		
11	. Do you rent your residence?	☑ No. ☐ Yes.		line 12. our landlord obtained an eviction judg nce?	nment against you	and do you want to stay in your	
			_	o. Go to line 12.			
				s. Fill out <i>Initial Statement About an</i> s bankruptcy petition.	Eviction Judgmen	t Against You (Form 101A) and file it with	

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Pebtor 1 MARC WALK First Name Middle Nam	ER		Case number (if ki	nown)	
riist name - Middle Nam	ne Last Name				
art 3: Report About Any E	Jusinesses You Ow	n as a Sole Propriet	or		
					<u> </u>
Are you a sole proprietor	No. Go to Part 4.				
of any full- or part-time business?	☐ Yes. Name and loo	cation of husiness			
A sole proprietorship is a	— roo. Hamo and loo	Sation of Basiness			
business you operate as an	Name of horiz	16			
individual, and is not a separate legal entity such as	Name of busine	ass, it any			
a corporation, partnership, or					
LLC.	Number St	treet			
If you have more than one sole proprietorship, use a					
separate sheet and attach it					
to this petition.	City		State	ZIP Code	
	•				
	Check the ap	propriate box to describ	e your business:		
	☐ Health Ca	are Business (as defined	d in 11 U.S.C. § 101(27A)	n)	
			ned in 11 U.S.C. § 101(5		
	_	ker (as defined in 11 U.S		10))	
		•	• , ,,		
	_	ity Broker (as defined in	11 U.S.C. § 101(6))		
NO	☐ None of t	ne above			
a. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	can set appropriate de most recent balance s	eadlines. If you indicate sheet, statement of operates do not exist, follow the	that you are a small busir	e a small business debtor soness debtor, you must attachent, and federal income tax re§ 1116(1)(B).	n your
For a definition of small		•••			
business debtor, see 11 U.S.C. § 101(51D).	■ No. I am filing und the Bankrupto		NOT a small business d	ebtor according to the defini	tion in
	Yes. I am filing und Bankruptcy C	der Chapter 11 and I am Code.	a small business debtor	according to the definition in	ı the
art 4: Report if You Own	or Have Any Hazard	lous Property or Any	Property That Need	ds Immediate Attention	ı
Do you own or have any	🔼 No				
property that poses or is alleged to pose a threat	Yes. What is the	hazard?			
of imminent and					
identifiable hazard to		 			
public health or safety? Or do you own any					
property that needs	151				
immediate attention?	it immediate	e attention is needed, wh	y is it needed?		
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?					
	Where is the	e property?			
	Wileie is the	Number	Street		
					
		City		State ZIP Cod	:e

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Debto	r 1

MARC	WALKER

Last Name

Case number (if known)	
------------------------	--

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	required	to	receive	а	briefing	about
credit co	unealing	h	0001160	٠f		

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Ц	I I am not required to	receive a	briefing	about
	credit counseling be			

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 MARC WALK	ER e Last Name	Case number (if kn	iown)
	FRSt Name WINDERVALLE	e Last Name		
Pa	rt 6: Answer These Ques	stions for Reporting Purpos	ses	
	What kind of debts do you have?	16a. Are your debts primar as "incurred by an individu	rily consumer debts? Consumer del al primarily for a personal, family, or hou	ots are defined in 11 U.S.C. § 101(8) isehold purpose."
	you nave:	☑ No. Go to line 16b.☑ Yes. Go to line 17.		
		16b. Are your debts primar money for a business or in	rily business debts? Business debts avestment or through the operation of the	are debts that you incurred to obtain business or investment.
		No. Go to line 16c.Yes. Go to line 17.		
		16c. State the type of debts you	u owe that are not consumer debts or bu	siness debts.
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Ch	hapter 7. Go to line 18.	
	Do you estimate that after any exempt property is	Yes. I am filing under Chapt administrative expense	ter 7. Do you estimate that after any exe es are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?
	excluded and administrative expenses	☑ No		
	are paid that funds will be available for distribution	☐ Yes		
**********	to unsecured creditors?			
	How many creditors do you estimate that you	2 1-49 □ 50-99	☐ 1,000-5,000 ☐ 5,001-10,000	25,001-50,000 50,001-100,000
	owe?	☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000
10	How much do you			
19.	estimate your assets to	✓ \$0-\$50,000 □ \$50,001-\$100,000	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion
	be worth?	\$100,001-\$500,000	\$50,000,001-\$100 million	□ \$10,000,000,001-\$50 billion
**************		□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion
	How much do you estimate your liabilities	\$0-\$50,000 \$50,001-\$100,000	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million	\$500,000,001-\$1 billion
	to be?	\$100,001-\$100,000	\$50,000,001-\$30 million	\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
		□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion
Pa	rt 7: Sign Below			
Fo	r you	I have examined this petition, at correct.	nd I declare under penalty of perjury tha	t the information provided is true and
		If I have chosen to file under Ch of title 11, United States Code. under Chapter 7.	napter 7, I am aware that I may proceed, I understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed
		If no attorney represents me and this document, I have obtained	d I did not pay or agree to pay someone and read the notice required by 11 U.S.	who is not an attorney to help me fill out C. § 342(b).
		I request relief in accordance wi	ith the chapter of title 11, United States	Code, specified in this petition.
		I understand making a false star with a bankruptcy case can resu 18 U.S.C. §§ 152, 1341, 1519, a	ult in fines up to \$250,000, or imprisonm	g money or property by fraud in connection ent for up to 20 years, or both.
		* Home Walk	*	
		Signature of Debtor 1	Signatur	re of Debtor 2
		Executed on 10/27/2016		d on

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Pebtor 1 IVARC VVALK	ER le Last Name	Case number (if known)	
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petitic to proceed under Chapter 7, 11, 12, or 13 of title 11 available under each chapter for which the person the notice required by 11 U.S.C. § 342(b) and, in a knowledge after an inquiry that the information in the	, United States Code, an s eligible. I also certify th case in which § 707(b)(4)	d have explained the relief at I have delivered to the debtor(s)(D) applies, certify that I have no
y an attorney, you do not	momentum many and an information in a	o conocalco moa wiar are	pouton to moorroot.
need to file this page.	✗ /s/ Steven O. Hamill	Date	10/27/2016
	Signature of Attorney for Debtor		MM / DD /YYYY
	Steven O. Hamill		
	Printed name		
	Law Office of Steven O. Hamill		
	rim name		
	3843 West 95th Street Number Street		
	Evergreen Park	IL	60805
	City	State	ZIP Code
	Contact phone <u>(708)</u> 422-8802	Email address	stevenolaw@sbcglobal.net
	6191752	IL	

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Debtor 1 MARC WALKI First Name Middle Nam	ER Case number (if known)				
For your attorney, if you are represented by one f you are not represented by an attorney, you do not	I, the attorney for the debtor(s) named in this pet to proceed under Chapter 7, 11, 12, or 13 of title available under each chapter for which the perso the notice required by 11 U.S.C. § 342(b) and, in knowledge after an inquiry that the information in	11, United States Code, and is eligible. I also certify the a case in which § 707(b)(4)	d have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no		
need to file this page.	✗ /s/ Steven O. Hamill	Date	10/27/2016		
	Signature of Attorney for Debtor	Duto	MM / DD /YYYY		
	Steven O. Hamill				
	Printed name				
	Law Office of Steven O. Hamill				
	Firm name				
	3843 West 95th Street				
	Number Street				
	Evergreen Park	IL	60805		
	City	State	ZIP Code		
	Contact phone (708) 422-8802	Email address	stevenolaw@sbcglobal.net		
	6191752	IL	_		
	Bar number	State			

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Pebtor 1 WARC VVALKE First Name Middle Name	Last Name	Case number (if known)
For you if you are filing this pankruptcy without an attorney	should understand that many p themselves successfully. Beca	ual, to represent yourself in bankruptcy court, but you beople find it extremely difficult to represent use bankruptcy has long-term financial and legal y urged to hire a qualified attorney.
f you are represented by in attorney, you do not need to file this page.	technical, and a mistake or inaction dismissed because you did not file hearing, or cooperate with the counfirm if your case is selected for audi	ly file and handle your bankruptcy case. The rules are very may affect your rights. For example, your case may be a required document, pay a fee on time, attend a meeting or t, case trustee, U.S. trustee, bankruptcy administrator, or audit it. If that happens, you could lose your right to file another including the benefit of the automatic stay.
	court. Even if you plan to pay a part in your schedules. If you do not list property or properly claim it as exer also deny you a discharge of all you case, such as destroying or hiding passes are randomly audited to dete	debts in the schedules that you are required to file with the ticular debt outside of your bankruptcy, you must list that debt a debt, the debt may not be discharged. If you do not list mpt, you may not be able to keep the property. The judge can ur debts if you do something dishonest in your bankruptcy property, falsifying records, or lying. Individual bankruptcy remine if debtors have been accurate, truthful, and complete. me; you could be fined and imprisoned.
	hired an attorney. The court will not successful, you must be familiar wit	ney, the court expects you to follow the rules as if you had treat you differently because you are filing for yourself. To be the United States Bankruptcy Code, the Federal Rules of al rules of the court in which your case is filed. You must also have that apply.
	consequences?	ptcy is a serious action with long-term financial and legal
	☐ No ☐ Yes	
	Are you aware that bankruptcy frau inaccurate or incomplete, you could	d is a serious crime and that if your bankruptcy forms are I be fined or imprisoned?
	☐ No ☐ Yes	
	□ No□ Yes. Name of Person	ne who is not an attorney to help you fill out your bankruptcy forms? Preparer's Notice, Declaration, and Signature (Official Form 119).
	have read and understood this notice	t I understand the risks involved in filing without an attorney. I ce, and I am aware that filing a bankruptcy case without an rights or property if I do not properly handle the case.
	*	*
	Signature of Debtor 1	Signature of Debtor 2
	Date MM / DD / YYYY	Date MM / DD / YYYY
	Contact phone	Contact phone
	Cell phone	Cell phone
	Email address	Empil address

Fill in this in	nformation to ide	entify your case:		
Debtor 1	MARC WALKER			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing) First Name	Middle Name	Last Name	_
United States Case number	• •	or the: Northern District of Ill	linois	
Case number	(If known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	
1b. Copy line 62, Total personal property, from Schedule A/B	Your assets Value of what you own \$ 0.00
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$38,574.00
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$38,574.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	
Part 3: Summarize Your Income and Expenses	Your liabilities Amount you owe \$ 0.00 \$ 0.00 + \$ 34,864.00 \$ 34,864.00
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$4,277.00
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$ 4,900.00

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Case number (if known)_

MARC WALKER

Debtor 1

Part 4: Answer These Questions for Administrative and Statistical	Records
6. Are you filing for bankruptcy under Chapters 7, 11, or 13?	
☐ No. You have nothing to report on this part of the form. Check this box and su ✓ Yes	bmit this form to the court with your other schedules.
7. What kind of debt do you have?	
Your debts are primarily consumer debts. Consumer debts are those "incufamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statis	rred by an individual primarily for a personal, iical purposes. 28 U.S.C. § 159.
Your debts are not primarily consumer debts. You have nothing to report of this form to the court with your other schedules.	on this part of the form. Check this box and submit
8. From the Statement of Your Current Monthly Income: Copy your total current Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	monthly income from Official \$5,633.00
9. Copy the following special categories of claims from Part 4, line 6 of Schedu	le E/F: Total claim
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	s0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
 Obligations arising out of a separation agreement or divorce that you did not re priority claims. (Copy line 6g.) 	eport as \$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h	.) + \$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

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Fill in this in	formation to ide	entify your case and this	filing:
Debtor 1	MARC WALK	ŒR	
•	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court fo	or the: Northern District of I	llinois
Case number			
······································			

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1.1.	es. Where is the property? Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D
		Condominium or cooperative Manufactured or mobile home Land Investment property	Current value of the entire property?	Current value of the portion you own?
i	City State ZIP Code	☐ Timeshare	Describe the nature of your ownership interest (such as fee simple, tenancy t the entireties, or a life estate), if known	
	County	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this it property identification number:	Check if this is co (see instructions) em, such as local	mmunity property
you I.2.	own or have more than one, list here: Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
		☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of the portion you own?
	City State ZIP Code	Investment property Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		,
	County	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co	mmunity property

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Case number (if known

MARC WALKER

Last Name

Debtor 1

What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ■ Single-family home Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the ☐ Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land ☐ Investment property Describe the nature of your ownership City State ZIP Code Timeshare interest (such as fee simple, tenancy by ☐ Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: _ 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes Volvo Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: G70 Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2000 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 178k Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 1.400.00 1,400.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

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Debtor 1 MARC WALKER
First Name Middle Name Last Name Case number (if known)_______

3.3.	Make:	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
	Year:	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	., -	At least one of the debtors and another		•
	Other information:	Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
	Year:	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	enure property?	portion you own?
	Other information:	☐ Check if this is community property (see instructions)	\$	\$
		and other recreational vehicles, other vehicles, and acces watercraft, fishing vessels, snowmobiles, motorcycle accesso		
☑ N □ Y 4.1.		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
4.1.	Make: Model: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
☑ N □ Y 4.1.	Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
4.1.	Make: Model: Year: Other information: own or have more than one, list here: Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any secure	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
4.1.	Make: Model: Other information: own or have more than one, list here: Make: Model: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured claime amount of any securer Creditors Who Have Claime Current value of the entire property? \$	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
4.1.	Make: Model: Other information: I own or have more than one, list here: Make: Model: Year: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
2 N	Make: Model: Year: Other information: I own or have more than one, list here: Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any secure Creditors Who Have Claim Current value of the entire property? \$	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?

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Debtor 1

MARC	WALKER

First Name Middle Name Last Name

Case number (if known)____

Part 3:	Describe	Your Personal	and Household I	tems

Do	you own or have any legal or equitable interest in any of the following items?	Current valu	
	는 사용한 사람들이 가장 하는 사람들이 되었다. 그 사람들이 가장 사용하는 사람들이 가장 사용하는 사용하는 사용하는 사용하는 사용하는 사용하는 사용하는 사용하는	Do not deduct	secured claims
6	Household goods and furnishings	or exemptions.	r bät
٠.	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	Yes. Describe Misc. household appliances & furniture	\$	500.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No		
	Yes. Describe Television, cell phone	\$	250.00
8.	Collectibles of value	.3	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	No No	7	
	Yes. Describe	\$	7/1
9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	No Vas Describa	1	
	Yes. Describe MIsc. sports equipment	\$	100.00
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	d.	
	Yes. Describe	\$	
11.	Clothes	A.	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
	Yes. Describe Misc. everyday necessary clothing	\$	200.00
12.	Jewelry		
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	✓ No Yes. Describe	\$	
13	Non-farm animals		
10.	Examples: Dogs, cats, birds, horses		
	☑ No Yes. Describe		
		\$	
14.	Any other personal and household items you did not already list, including any health aids you did not list		
	☑ No		
	Yes. Give specific information	\$	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	s	1,150.00
	for Part 3. Write that number here		1,100.00

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First Name

Debtor 1

MARC WALKER

Last Name

Case number (if known)_

o you own or have any	legal or equitable interest in	any of the following?			Current value of the
		orania di Kalendaria Kanana di Kanana	2 / 2 / 2 / 3 / 3 / 3 / 3 / 3 / 3 / 3 /		portion you own? Do not deduct secured claim or exemptions.
6. Cash Examples: Money you	have in your wallet, in your hor	me, in a safe deposit box, and	on hand when yo	u file your petition	1
□ No					
				Cash:	\$ 50.00
7. Deposits of money Examples: Checking, s and other s	savings, or other financial acco	unts; certificates of deposit; sh nultiple accounts with the sam	ares in credit union	ons, brokerage ho ach.	uses,
☐ No ☑ Yes		Institution name:			
	17.1. Checking account:	Bank of America Che	cking		\$400.00
	17.2. Checking account:				\$
	17.3. Savings account:				\$
	17.4. Savings account:				\$
	17.5. Certificates of deposit:				\$
	17.6. Other financial account:				\$
	17.7. Other financial account:				\$
	17.8. Other financial account:				
	17.9. Other financial account:				Ψ
	or publicly traded stocks				
No Examples: Bond funds,	, investment accounts with brok	erage firms, money market ac	counts		
_	Institution or issuer name:				
☐ Yes					\$
□ Yes					
□ Yes					\$
□ Yes					\$ \$
□ Yes					
. Non-publicly traded s	stock and interests in incorpo	orated and unincorporated b	usinesses, inclu	ding an interest	\$
		rated and unincorporated b	usinesses, inclu		\$in
Non-publicly traded s an LLC, partnership, ✓ No ☐ Yes. Give specific	and joint venture	orated and unincorporated b	usinesses, inclu	ding an interest % of ownership 0% %	\$in
Non-publicly traded s an LLC, partnership,	and joint venture	rated and unincorporated b	usinesses, inclu	% of ownership	in o: \$

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Document Page 17 of 60 MARC WALKER
First Name Middle Name Debtor 1 Case number (if known)_

Last Name

A	1 /	**************************************		MV Market Commence Co	***************************************
20	Government and corne	orate bonds and oth	er negotiable and non-negotiable instruments		
			ks, cashiers' checks, promissory notes, and money orders.		
	Non-negotiable instrume	ents are those you can	nnot transfer to someone by signing or delivering them.		
	☑ No				
	Yes. Give specific	Issuer name:			
	information about				
	them		<u> </u>	\$	
				\$	
				\$	
	Daties and the				
21	Retirement or pension Examples: Interests in II		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
	No No	IVA, EINIOA, Neogii, 40	or (k), 405(b), think savings accounts, or other pension or profit-snaring plans		
	Yes. List each				
	account separately.	Type of account:	Institution name:		
		404///		•	
		401(k) or similar plan:		\$	
		Pension plan:		\$	
		IRA:	Merrill Edge (acct#: xxxxxxxx990)	\$	8,592.00
		Retirement account:		•	
		Keogh:		\$	
		Additional account:		\$	
		Additional account:		\$	
				*	
22	Examples: Agreements	deposits you have m	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications		
	companies, or others		, , , , , , , , , , , , , , , , , , , ,		
	☑ No				
	☐ Yes	ins	stitution name or individual:		
		Electric:		•	
		Gas:		\$	
		Heating oil:		\$	
			And well.	\$	
			tal unit:	\$	
		Prepaid rent:		\$	
		Telephone:		\$	
		Water:		\$	
		Rented furniture:			
		Other:			
				\$	
23	Annuities (A contract for	r a noriodio naumant -	of money to you, either for life or for a number of years)		
23.		a periodic payment o	of money to you, either for life or for a number of years)		
	☑ No				
	☐ Yes	Issuer name and desc	cription:		
				\$	
				\$	
				œ	

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Case number (if known)_

Debtor 1

MARC	WALKER
First Name	Middle Name

Last Name

	nterests in an education IRA, i 26 U.S.C. §§ 530(b)(1), 529A(b),		fied ABLE program, or under a qualified s	tate tuition program.	
	⊿ No				
	71 V	actitution name and doce	rintian Congrataly file the records of any inte		۸.
	"	isulution name and descr	ription. Separately file the records of any inte	erests.11 U.S.C. § 521(0)):
	-				\$
	_				\$
	_				¢
					Ψ
25. T	Frusts, equitable or future interexersisable for your benefit	rests in property (other	than anything listed in line 1), and rights	or powers	
-	2 No				
	Yes. Give specific	1980 1999 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1980 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990 1990			home.
	information about them				\$
	.	**************************************		**************************************	J
	Patents, copyrights, trademark				
	•	es, websites, proceeds fro	om royalties and licensing agreements		
I	☑ No				
l	Yes. Give specific				
	information about them				\$
	*·······				-vord
	Licenses, franchises, and othe				
		usive licenses, cooperativ	ve association holdings, liquor licenses, prof	essional licenses	
	2 No			·	oon.y
	Yes. Give specific				
	information about them				\$
14-					
MQI	ney or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions
					portion you own?
28.1	Fax refunds owed to you				portion you own? Do not deduct secured
28.1	Fax refunds owed to you ☑ No	Parameter p		7	portion you own? Do not deduct secured
28.1	Fax refunds owed to you ☑ No ☑ Yes. Give specific information			Federal:	portion you own? Do not deduct secured
28.1	「ax refunds owed to you ☑ No ☑ Yes. Give specific information about them, including w you already filed the ret	hether urns		Federal: State:	portion you own? Do not deduct secured claims or exemptions.
28.1	Fax refunds owed to you ☑ No ☑ Yes. Give specific information about them, including w	hether urns			portion you own? Do not deduct secured claims or exemptions.
28.1	「ax refunds owed to you ☑ No ☑ Yes. Give specific information about them, including w you already filed the ret	hether urns		State:	portion you own? Do not deduct secured claims or exemptions.
28.1 29.1	Fax refunds owed to you ✓ No Yes. Give specific information about them, including w you already filed the retrand the tax years Family support Examples: Past due or lump sum	n alimony, spousal suppo	rt, child support, maintenance, divorce settle	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$
28.1 	Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including we you already filed the return and the tax years	n alimony, spousal suppo	rt, child support, maintenance, divorce settle	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$ \$ s
28.1 	Fax refunds owed to you ✓ No Yes. Give specific information about them, including w you already filed the retrand the tax years Family support Examples: Past due or lump sum	n alimony, spousal suppo	rt, child support, maintenance, divorce settle	State: Local: ment, property settleme	portion you own? Do not deduct secured claims or exemptions. \$
28.1 	Fax refunds owed to you ✓ No Yes. Give specific information about them, including w you already filed the retrand the tax years Family support Examples: Past due or lump sum	n alimony, spousal suppo	rt, child support, maintenance, divorce settle	State: Local: ment, property settleme	portion you own? Do not deduct secured claims or exemptions. \$ s ent \$ \$
28.1 29.1	Fax refunds owed to you ✓ No Yes. Give specific information about them, including w you already filed the retrand the tax years Family support Examples: Past due or lump sum	n alimony, spousal suppo	rt, child support, maintenance, divorce settle	State: Local: ment, property settleme Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$ \$ ent \$ \$ \$ \$ \$ \$
28.1 29.1	Fax refunds owed to you ✓ No Yes. Give specific information about them, including w you already filed the retrand the tax years Family support Examples: Past due or lump sum	n alimony, spousal suppo	rt, child support, maintenance, divorce settle	State: Local: ment, property settleme Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions. \$ \$ s ent \$ \$ \$ \$ \$ \$
29.1	Tax refunds owed to you No Yes. Give specific information about them, including we you already filed the return and the tax years Family support Examples: Past due or lump sum No Yes. Give specific information	n alimony, spousal suppo	rt, child support, maintenance, divorce settle	State: Local: ment, property settleme Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$ \$ ent \$ \$ \$ \$ \$ \$
29.1	Tax refunds owed to you ✓ No — Yes. Give specific information about them, including we you already filed the return and the tax years Family support Examples: Past due or lump sum ✓ No — Yes. Give specific information Other amounts someone owes Examples: Unpaid wages, disabit Social Security beneficed.	hether urns a alimony, spousal suppo	disability benefits, sick pay, vacation pay, w	State: Local: ment, property settleme Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$ \$ s ent \$ \$ \$ \$ \$ \$
29.1	Tax refunds owed to you No Yes. Give specific information about them, including w you already filed the return and the tax years Family support Examples: Past due or lump sum No Yes. Give specific information Other amounts someone owes Examples: Unpaid wages, disabit Social Security benefit	hether urns n alimony, spousal suppo n	disability benefits, sick pay, vacation pay, w	State: Local: ment, property settleme Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$ \$ ent \$ \$ \$ \$ \$ \$ \$ \$ \$
29.1	Tax refunds owed to you ✓ No — Yes. Give specific information about them, including we you already filed the return and the tax years Family support Examples: Past due or lump sum ✓ No — Yes. Give specific information Other amounts someone owes Examples: Unpaid wages, disabit Social Security beneficed.	hether urns a alimony, spousal suppo n	disability benefits, sick pay, vacation pay, w de to someone else	State: Local: ment, property settleme Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$
29.1	Tax refunds owed to you No Yes. Give specific information about them, including w you already filed the return and the tax years Family support Examples: Past due or lump sum No Yes. Give specific information Other amounts someone owes Examples: Unpaid wages, disabit Social Security benefit	hether urns a alimony, spousal suppo n	disability benefits, sick pay, vacation pay, w	State: Local: ment, property settleme Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$ \$ s ent \$ \$ \$ \$ \$ \$

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Debtor 1 MARC WALKER Case number (if known)_______

31	Interests in insurance policies Examples: Health, disability, or life insuran	ca; haalth cavings account (L	ISA): gradit hamaa			
		ce, nealin savings account (n	isa), credit, nomeo	wners, or renters insurance		
	✓ No Yes. Name the insurance company					
	of each policy and list its value	Company name:		Beneficiary:	Surrender or refund valu	ie:
					\$	
					\$	
					\$	—
32	Any interest in property that is due you If you are the beneficiary of a living trust, e property because someone has died. No			re currently entitled to receive		
	☐ Yes. Give specific information	***************************************	**************************************			
					\$	
33	. Claims against third parties, whether or Examples: Accidents, employment dispute No	s, insurance claims, or rights	to sue			
	Yes. Describe each claim	Automobile accident vs	s. Rov Baumgar		s 15,000	OΩ
34	Other contingent and unliquidated claim	·	······	······································	\$	
J 4	to set off claims	s of every nature, including	countercialms of	the debtor and rights		
	☑ No					
	Yes. Describe each claim.					
	š .,			VIIII	\$	_
25	Any Smannial access you did not also the	P. 4				
33	Any financial assets you did not already	list				
	No Cive energia information	**************************************				
	Yes. Give specific information				s	_
36	Add the dollar value of all of your entries	s from Bart 4 including one	antrice for more	and the second		
•	for Part 4. Write that number here	s irom rait 4, including any	entries for pages	you nave attached	\$33,042.0)0
				erroren eta		
Pa	nt 5: Describe Any Business-F	Related Property You	Own or Have a	an Interest In. List any	real estate in Part	1.
37	Do you own or have any legal or equitab	la interest in any business	rolated property?			
	No. Go to Part 6.	to interest in any business-	related property:			
	Yes. Go to line 38.					
						ÇZE
					Current value of the portion you own?	
					Do not deduct secured clair	ms
					or exemptions.	
38.	Accounts receivable or commissions yo	u already earned				
	□ No	montante de destruiring of the france of the first figure of the first f				
	Yes. Describe				¢	
39	Office equipment, furnishings, and supp	·····			<u> </u>	
	Examples: Business-related computers, software.		nachines, rugs, telepho	ones, desks, chairs, electronic devic	ces	
	□ No		•			
	Yes. Describe			The state of the s	\$	

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Case number (if known)

MARC WALKER

Debtor 1

T HOC HAMIO	HIGGS NAME LOST			
40. Machinery, fixtures,	equipment, supplies you use in business, and tools of your trade			
□ No	·			
Yes. Describe		***************************************		
		······································	\$	
44 (
41. Inventory No				
Yes. Describe	ł		S	
		(X. 1)		 -
42. Interests in partners	hins or joint vanturee			
□ No				
Yes. Describe	· Name of entity:	of ownership:		
	Name of Gridge	% or ownership.	•	
		% %	\$ \$	
		^ %	\$	
			Ψ	
43. Customer lists, mail	ing lists, or other compilations			
No Do your liet	include name and the identificable information (as defend) 4411000 according			
☐ No	s include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?			
☐ No☐ Yes. Des	criha	***************************************		
Tes. Des	CIDE		\$	
		*** *** ******************************)	
44. Any business-related	d property you did not already list			
Yes. Give specific				
information			\$	
			\$	
			\$	
			\$	
			\$	
			•	
			3	
45. Add the dollar value for Part 5. Write that	of all of your entries from Part 5, including any entries for pages you have attac	_	\$	0.00
ioi Part 5. Write that	numper nere	······································		
· · · · · · · · · · · · · · · · · · ·	**WINDSON OF THE PROPERTY OF T	······································		155. West 1884 - Frank de Colons 2000 2000 2000 2000 2000 2000 2000 20
Part 6: Describe	Any Farm- and Commercial Fishing-Related Property You Own or Have	an Intarcat I	_	
If you own o	or have an interest in farmland, list it in Part 1.	an interest i	n.	
			·····	
	any legal or equitable interest in any farm- or commercial fishing-related propert	ty?		
No. Go to Part 7. Yes. Go to line 47				
- 7es. 30 to line 47	,			
			Current value o portion you ow	
			Do not deduct secu	
47. Farm animals			or exemptions.	
	poultry, farm-raised fish			
☐ No				
☐ Yes		D 1507 (1507	****	
			•••••	
	8		, w	

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MARC WALKER Debtor 1 48. Crops-either growing or harvested Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ No 1,980.00 Claim against American Freedom Insurance Company for stolen vehicle Yes. Give specific claim of 7/15/2013 information..... 1,980.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 1.400.00 56. Part 2: Total vehicles, line 5 1,150.00 57. Part 3: Total personal and household items, line 15 33,042.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 1,980.00 61. Part 7: Total other property not listed, line 54 38,574.00 38.574.00 62. Total personal property. Add lines 56 through 61. Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62.

38,574.00

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Fill in this in	nformation to ide	ntify your case:	
Debtor 1	MARC WALK	ŒR	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)) First Name	Middle Name	Last Name
United States	Bankruptcy Court fo	r the: Northern District of III	inois
Case number			
(If known)			

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	Property You	Claim as	Exempt
		opoity iou	Vidilii da	PVAINT

1.	Which set of e	xemptions are you claiming?	Check one only, even if	your spouse is filing with you.	
	☑ You are cla	iming state and federal nonban iming federal exemptions. 11 U	kruptcy exemptions. 11		
2.	For any proper	ty you list on Schedule A/B t	hat you claim as exem	pt, fill in the information below.	
	Brief descripti Schedule A/B	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	2000 Volvo G70	\$ <u>1,400.00</u>	☑ \$ <u>1,400.00</u>	735 ILCS 5/12-1001(c)
	Line from Schedule A/B:	3.1		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	Cash	\$ <u>50.00</u>	☑ \$ 50.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	_16		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	BOA checking acct	\$ <u>400.00</u>	☑ \$ 400.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	<u>17</u>		☐ 100% of fair market value, up to any applicable statutory limit	
3.		ng a homestead exemption o			
	No No	stment on 4/01/16 and every 3	years after that for case	s filed on or after the date of adjustment.)	
		u acquire the property covered	by the exemption within	1,215 days before you filed this case?	
	☐ No				
	☐ Yes				

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Debtor 1

MARC WALKER

iret Name Middle Name

Last Nam

Case number (if known)_____

Part 2:

Additional Page

Brief descripti on Schedule A	on of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Household goods	\$500.00	☑ \$500.00	735 ILCS 12-1001(b)
Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Television cell phon	\$250.00	∡ \$ <u>250.00</u>	735 ILCS 12-1001(b)
Line from Schedule A/B:	7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Necessary clothing	\$	☑ \$200.00	735 ILCS12-1001(b)
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Misc. sports equpmt	\$9.00	2 \$200.00	735 ILCS 12-1001(b)
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Personal injury case	\$15,000.00	₫ \$15,000.00	735 ILCS 5/12-1001 (h)(4).
Line from Schedule A/B:	33		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Workers Comp, case	\$10,000.00	☑ \$ <u>10,000.00</u>	735 ILCS 820-305/21
Line from Schedule A/B:	30		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Prop.damage claim	\$1,980.00	√ \$1,980.00	735 ILCS 12-1001(b)
Line from Schedule A/B:	53		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u></u> \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

		Case 16-40896	Doc 1	Filed 12/31/16 Document	Entered 12/3 Page 24 of 60		4 Desc Mai	n
F	ill in this in	nformation to identify yo	our case:					
Г		MARC WALKER						
'	Debtor 1	First Name	Middle Name	Last Name				
	Debtor 2 Spouse, if filing	1) First Name	Middle Name	Last Name				
		Bankruptcy Court for the: N	orthern District	t of Illinois				
		, ,	orthern bistrict	Of fillifold				
	Case number (If known)						☐ Check i	f this is an
_							amende	ed filing
	Official	Form 106D						
_	Jiliciai	Form 106D						
•	Sched	dule D: Cred	itors W	/ho Have Cla	ims Secure	ed by Prop	erty	12/15
i	nformation		ed, copy the A	married people are filing Additional Page, fill it out nber (if known).				
_		, , , ,		,				
1.		reditors have claims see			edules Vou have nothi	ng else to report on th	nie form	
1.	☑ No. C		this form to the	r property? e court with your other sch	edules. You have nothi	ng else to report on th	nis form.	
1.	☑ No. C	Check this box and submit	this form to the		edules. You have nothi	ng else to report on th	nis form.	
	☑ No. C	Check this box and submit	this form to the n below.		edules. You have nothi	ng else to report on th	nis form.	
P	No. C Yes. I	Check this box and submit Fill in all of the information List All Secured Claim	this form to the n below.	e court with your other sch		Column A	Column B	Column C
P	No. Converse No. C	check this box and submit Fill in all of the information List All Secured Claim ecured claims. If a credit claim. If more than one cr	this form to the half below. ns or has more the reditor has a particular	e court with your other sch an one secured claim, list articular claim, list the othe	the creditor separately or creditors in Part 2.	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Column C Unsecured portion
P	No. Converse No. C	check this box and submit Fill in all of the information List All Secured Claim ecured claims. If a credit claim. If more than one cr	this form to the half below. ns or has more the reditor has a particular	e court with your other sch	the creditor separately or creditors in Part 2.	Column A Amount of claim	Column B Value of collateral	Unsecured
2.	No. Converse No. C	check this box and submit Fill in all of the information List All Secured Claim ecured claims. If a credit claim. If more than one cr	this form to the highest below. ns or has more the reditor has a person in alphabetic	e court with your other sch an one secured claim, list articular claim, list the othe	the creditor separately r creditors in Part 2. reditor's name.	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Yes. I List all se for each c As much	check this box and submit Fill in all of the information List All Secured Claim ecured claims. If a credit claim. If more than one creat as possible, list the claims	this form to the highest below. ns or has more the reditor has a person in alphabetic	e court with your other sch an one secured claim, list articular claim, list the othe al order according to the c	the creditor separately r creditors in Part 2. reditor's name.	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Yes. I List all se for each of As much	check this box and submit Fill in all of the information List All Secured Claim ecured claims. If a credit claim. If more than one creat as possible, list the claims	this form to the highest below. ns or has more the reditor has a person in alphabetic	e court with your other sch an one secured claim, list articular claim, list the othe al order according to the c	the creditor separately r creditors in Part 2. reditor's name.	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Art 1: L List all se for each of As much Creditor's N	Check this box and submit Fill in all of the information List All Secured Claim ecured claims. If a credit claim. If more than one or as possible, list the claim.	this form to the his below. In below. In section or has more the reditor has a pass in alphabetic description.	e court with your other sch an one secured claim, list articular claim, list the othe al order according to the c	the creditor separately ir creditors in Part 2. reditor's name. ures the claim:	Column A Amount of claim Do not deduct the value of collateral \$	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Art 1: L List all se for each of As much Creditor's N	Check this box and submit Fill in all of the information List All Secured Claim ecured claims. If a credit claim. If more than one or as possible, list the claim.	or has more threditor has a pis in alphabetic	e court with your other sch an one secured claim, list articular claim, list the othe al order according to the c cribe the property that sec of the date you file, the clai Contingent	the creditor separately ir creditors in Part 2. reditor's name. ures the claim:	Column A Amount of claim Do not deduct the value of collateral \$	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Art 1: L List all se for each of As much Creditor's N	check this box and submit Fill in all of the information is all Secured Claim ecured claims. If a credit claim. If more than one cras possible, list the claim.	this form to the his below. In this form to the his below.	e court with your other sch an one secured claim, list articular claim, list the othe cal order according to the c cribe the property that sec of the date you file, the clai Contingent Unliquidated	the creditor separately ir creditors in Part 2. reditor's name. ures the claim:	Column A Amount of claim Do not deduct the value of collateral \$	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Art 1: L List all se for each C As much Creditor's N Number	check this box and submit Fill in all of the information is all Secured Claim ecured claims. If a credit claim. If more than one cras possible, list the claim.	or has more the reditor has a pass in alphabetic	e court with your other sch an one secured claim, list articular claim, list the othe all order according to the c cribe the property that sec of the date you file, the clai Contingent Unliquidated Disputed	the creditor separately or creditors in Part 2, reditor's name. ures the claim: m is: Check all that apply	Column A Amount of claim Do not deduct the value of collateral \$	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Art 1: L List all se for each C As much Creditor's N Number	check this box and submit Fill in all of the information List All Secured Claim Becured Claims. If a credit claim. If more than one cr as possible, list the claims Name Street State ZIP sthe debt? Check one.	or has more the reditor has a pass in alphabetic Description of Code Nature Nat	e court with your other sch an one secured claim, list articular claim, list the othe cal order according to the c cribe the property that sec of the date you file, the clai Contingent Unliquidated	the creditor separately or creditors in Part 2. reditor's name. ures the claim: ures the claim: m is: Check all that apply	Column A Amount of claim Do not deduct the value of collateral \$	Column B Value of collateral that supports this	Unsecured portion
2.	No. C Yes. I Yes. I List all se for each (As much Creditor's N Number City Who owes Debtor Debtor	check this box and submit Fill in all of the information List All Secured Claim Becured Claims. If a credit claim. If more than one cr as possible, list the claims Name Street State ZIP sthe debt? Check one. 1 only	or has more the reditor has a pass in alphabetic Description As or the reditor has a pass in alphabetic Natural As or the reditor has a pass in alphabetic the reditor has a pass in alphabetic the reditor has a pass in alphabetic the reditor has a pass of the reditor has a pa	e court with your other sch an one secured claim, list articular claim, list the other al order according to the co cribe the property that security of the date you file, the claim Contingent Unliquidated Disputed ure of lien. Check all that app	the creditor separately or creditors in Part 2. reditor's name. ures the claim: m is: Check all that apply ly. n as mortgage or secured	Column A Amount of claim Do not deduct the value of collateral \$	Column B Value of collateral that supports this	Unsecured portion

Case 16-40896 Doc 1 Filed 12/31/16 Entered 12/31/16 20:03:24 Desc Main Document Page 25 of 60 MARC WALKER Case number (if known)_ Debtor 1 Column A Column B Column C **Additional Page** Amount of claim Value of collateral

by 2.4, and so forth.	page, number them beginning with 2.3, followed	Do not deduct the value of collateral.	that supports this claim	portion if any
	Describe the property that secures the claim:	\$	\$	3
Creditor's Name		1		
Number Street	•			
	- As of the date you file, the claim is: Check all that apply.	1		
	Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	 ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit 			
At least one of the debtors and another	Other (including a right to offset)			
Check if this claim relates to a community debt	— Other (modding a right to oriots)	-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		7	*	
Number Street	As of the date you file the claim in Check all that each	J		
AND ANALYSIS (1997)	As of the date you file, the claim is: Check all that apply. — — Contingent			
	Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street	-			
Names Succe				
	 As of the date you file, the claim is: Check all that apply. 			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
Debtor 1 and Debtor 2 only	Judgment lien from a lawsuit			
At least one of the debtors and another	Other (including a right to offset)	_		
Check if this claim relates to a community debt		-		1
Date debt was incurred	Last 4 digits of account number	ş		
Add the dollar value of your entries	es in Column A on this page. Write that number here:	\$0.00		
If this is the last page of your form Write that number here:	n, add the dollar value totals from all pages.	\$		
AALITA MIST MINIMBEL UGLA:		1		

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Page 26 of 60 Document MARC WALKER Debtor 1 Case number (if known)_ Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? _ Name Last 4 digits of account number ___ __ __ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number ___ __ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number ___ __ __ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? _ Name Last 4 digits of account number ___ __ __ Number City State ZIP Code On which line in Part 1 did you enter the creditor? ____ Name Last 4 digits of account number ____ Number Street City State ZIP Code

City

Name

Number

Street

ZIP Code

State

On which line in Part 1 did you enter the creditor? ____

Last 4 digits of account number ___ __ __

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Fill in this ir	nformation to ide	entify your case:	
Debtor 1	MARC WALK	KER	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)) First Name	Middle Name	Last Name
United States	Bankruptcy Court fo	or the: Northern District of I	llinois
Case number			
(If known)			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part	1: List All of Your PRIORITY Unsecure	ed Claims			
1. D	o any creditors have priority unsecured claims	s against you?			
4	No. Go to Part 2.	•			
	Yes.				
ea no ur	ach claim listed, identify what type of claim it is. If on continuity amounts. As much as possible, list the consecuted claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's neart 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet.)	at claim here a	nd show both	priority and
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	see desired to take form in the metadology beenger,	Total claim	Priority	Nonpriority
				amount	amount
2.1					
,	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	_ \$
_		When was the debt incurred?			
Ī	Number Street				
-		As of the date you file, the claim is: Check all that apply	<i>t</i> .		
7	City State ZIP Code	☐ Contingent			
	,	☐ Unliquidated			
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Disputed			
	Debtor 2 only	* * 			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	Domestic support obligations			
	☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the government			
		Claims for death or personal injury while you were			
	ls the claim subject to offset? □ No	intoxicated Other Specify			
	□ No □ Yes	Uniter. Specify			
70000	Tes .		***************************************		00 00000000000000000000000000000000000
.2	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
•	-nonly Creditor's Name	When was the debt incurred?			
ī	Number Street				
_		As of the date you file, the claim is: Check all that apply			
		☐ Contingent			
2	City State ZIP Code	☐ Unliquidated			
٧	Who incurred the debt? Check one.	☐ Disputed			
(Debtor 1 only	Type of DDIODITY uppersured alains			
	Debtor 2 only	Type of PRIORITY unsecured claim: Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another				
(☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 			
ŀ	s the claim subject to offset?	Other. Specify			
	☐ No				
	Yes				

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Document

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Debtor 1

MARC WALKER First Name

Last Name

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

Case number (if known)_

Afte	or listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name				
	Number Street	When was the debt incurred?	4 digits of account number \$		
		As of the date you file, the claim is: Check all that apply			
	City State ZIP Code				
	Suite Ell Sout	Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	☐ Domestic support obligations			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
		Other. Specify			
	Is the claim subject to offset?				
	□ No □ Yes				
		A contract to the contract of		•	•
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of BRIORITY unaccount distant			
	Debtor 2 only				
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	At least one of the debtors and another				
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
	Check it this claim is for a community debt	Other. Specify			
	Is the claim subject to offset?				
	□ No				
-	Yes				
		-	_		***************************************
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
		When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply			
	City State ZIP Code				
	and the control of th	Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other Specific			***************************************
	Is the claim subject to offset?	— Other, opedity			
	No				
	☐ Yes				

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Debtor 1

MARC WALKER

31 00		
Case number (if known)		

	Lingt Martie	Middle Name	Last Name		
D = -4 O	11-4 84 -636		ODITY 11		

		<u>'</u>		
3.	Do any creditors have nonpriority unsecured claims against yo	112		
•	_			
	No. You have nothing to report in this part. Submit this form to the Yes	e court with your other schedules.		
	165			
4.	List all of your nonpriority unsecured claims in the alphabetical	order of the creditor who holds each claim, if a creditor has	more t	han ana
	nonpriority unsecured claim. Hist the creditor separately for each clair	n For each claim listed identify what type of claim it is the not	lint alai	
	included in Part 1. If more than one creditor holds a particular claim,	list the other creditors in Part 3.If you have more than three no	noriority	unsecured
	claims fill out the Continuation Page of Part 2.			Gilocoulou
			******	14.
			Total	claim
.1	Advocate Christ Hospital Medical Center	Last 4 digits of account number		
	Nonpriority Creditor's Name	_ Last 4 digits of account number	\$	1,500.00
	4440 W. 95th Street	When was the debt incurred?	·	
	Number Street	_		
	Oak Lawn, IL 60453			
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		_		
	Withou incurred the debto Object	Contingent		
	Who incurred the debt? Check one.	☐ Unliquidated		
	Debtor 1 only	☐ Disputed		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	☐ Student loans		
	Chook if this alaim is fare	Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a community debt	that you did not report as priority claims		
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts		
	☑ No	Other Specify Medical bills	'	4.000
	Yes			2
_				
.2	City of Burbank c/o MCI	Last 4 digits of account number	\$	200.00
	Nonpriority Creditor's Name	When was the debt incurred?	-	
	7330 College Dr.			
	Number Street	-		
	Palos Heights, IL 60463	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code			į
		☐ Contingent		
	Who incurred the debt? Check one.	Unliquidated		
	Debtor 1 only	☐ Disputed		
	Debtor 2 only	-		ĺ
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce		
	Check it this claim is for a community dept	that you did not report as priority claims		
	is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts		principle of the second
	☑ No	Other. Specify Municipal ticket		1
	☐ Yes			Waterspire
3			SATURE TRANSPORTED LANCES	COLUMN TO A SECURE AND ADDRESS OF THE PARTY
	Covest Bank/NAC	Last 4 digits of account number		1,968.00
	Nonpriority Creditor's Name	When was the debt incurred?	\$	1,900.00
	770 West Dundee Rd			
	Number Street			A.
	Arlington Hts, IL 60004-1562	As of the date you file the slaim in Charles II that and		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one	☐ Contingent		
	Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	☐ Disputed		don dah
				· ·
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		QF QQQ
	At least one of the debtors and another	☐ Student loans		and and
	☐ Check if this claim is for a community debt			100
	•	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		90000
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts		Military
	₩ No	Other. Specify Account - breach of contract		
	☐ Yes	Tourier, Specify Account - Dreach of Contract		

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Debtor 1

MARC WALKER

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Part 2		
		-
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Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.4	Credit One Bank	Last 4 digits of account number	s 858.00
	Nonpriority Creditor's Name PO Box 98873	When was the debt incurred?	ş <u> </u>
	Number Street Las Vegas, NV 89193	 As of the date you file, the claim is: Check all that apply. 	
	City State ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one. ✓ Debtor 1 only	Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	☑ No □ Yes	Other. Specify Breach of contract	
	Tes		
4.5	EMPRESS CASINO c/o WEXLER & WEXLER Nonpriority Creditor's Name	Last 4 digits of account number	<u>\$ 2,726.00</u>
	500 W MADISON #450	When was the debt incurred?	
	Number Street CHICAGO IL, 60661	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	□ Contingent □ Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	✓ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify 2003-M1-122586	
	□ No □ Yes	Quality 2003-W11-122300	
4.6	First Premier Bank	Last 4 digits of account number	\$ 897.00
	Nonpriority Creditor's Name 601 South Minnesota Ave.	When was the debt incurred?	
	Number Street Sioux Falls, SD 57104	 As of the date you file, the claim is: Check all that apply. 	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one. ✓ Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes	Other. Specify	

Last Name

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Debtor 1

MARC WALKER

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

HARRAHS ILL CORP c/o WEXLER & WEXLER	Last 4 digits of account number	s 2,572
Nonpriority Creditor's Name 500 W MADISON #450	When was the debt incurred?	*
Number Street CHICAGO IL, 60661	— As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
•	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? -∡	Other Specify 2002-M1-157816	
☑ No ☑ Yes		
Horseshoe Casino	Last 4 digits of account number	s 500
Indiscising Odding	_	<u> </u>
777 Casino Center Dr.	When was the debt incurred?	
Humber Street Hammond, IN 46320	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	✓ Disputed	
Debtor 2 only	Type of NONDRIORITY upge stand alates	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
·	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other Specify 2003-M1-122586	
No		
Yes		
HSBC Bank	Last 4 digits of account number	_{\$} 692
IODC DATIK Ionpriority Creditor's Name		
PO Box 9	When was the debt incurred?	
lumber Street Buffalo, NY 14240-0009	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
Vho incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans Obligations grising out of a concretion correspond to diverse the terms.	
Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
·	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify Account	
₫ No		

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Debtor 1

MARC WALKER First Name Middle Name

Last Name

Case number (if known)_

Par	t 2: Your NONPRIORITY Unsecured Claims — Continu	uation Page	
Afte	r listing any entries on this page, number them beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
44	Accelerated Rehab Illinois	Last 4 digits of account number 2 6 4 5	\$ 5,770.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	2396 Momentum Place		
	Chicago, IL 60689-5323	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Medical bills	
	☑ No	Ollisi. Specify Woulder Sind	
	Yes		
44	Advances Christ Madical Control of 100	Last 4 digits of account number 5 4 9 4	s 376.00
	Advocate Christ Medical Center c/o ICS Nonpriority Creditor's Name		\$
	PO BOX 1010	When was the debt incurred?	
	Number Street	— As of the date you file, the claim is: Check all that apply.	
	Tinley Park, IL 60477-9110 City State ZIP Code		
	State Zir Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other Specify Medical bill for Jariah Walker	
	□ No □ Yes		
4			\$ 18.00
	Chicago Tribune c/o A.R.M. Soultions, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 4 6 9 6	
	PO Box 2929	When was the debt incurred?	
	Number Street	An of the date year file the alsies in Oh at 1919	
	Camarillo, CA 93011-2929	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	Debtor 1 only	■ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?	Other. Specify ACCOUNT	

☑ No Yes ☑ Other. Specify Account

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Afte	er listing any entries on this page, number them beginning with	1 4.4, followed by 4.5, and so forth.	Total claim
44	DirectTV	Last 4 digits of account number 1 6 3 9	s 444.00
	Nonpriority Creditor's Name PO Box 78626	When was the debt incurred?	Y
	Number Street Phoenix, AZ 75062-8626	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	T. (1.0.1)	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	· · · · · · · · · · · · · · · · · · ·	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other Specify Account	
	☑ No □ Yes		
4	Oak Ridge Family Dental Center Nonpriority Creditor's Name 4445 West 95th St.	Last 4 digits of account number	\$120.00
	Number Street Oak Lawn, IL 60453-7219	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	✓ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Dental bills	
	□ No	other. Specify Defital bills	
	Yes		
á			s 165.00
	PlatePass LLC	Last 4 digits of account number 3 3 0 5	Ψ
	Nonpriority Creditor's Name 25274 Network PI.	When was the debt incurred?	
	Number Street Chicago, IL 60673-1252	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check and	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of MONDBIODITY	
	— DODIOI 2 UTILY	Type of NONPRIORITY unsecured claim:	

✓ No ☐ Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

 $f \square$ Check if this claim is for a community debt

☐ Student loans

you did not report as priority claims

Other. Specify Account

Obligations arising out of a separation agreement or divorce that

 $\hfill \Box$ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1

MARC WALKER
First Name Middle Nam

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Middle Name

Last Name

Case number (if known)_

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ims — Continuation P

Springlest Financial Continue	Last 4 digits of account number	
Springleaf Financial Services Nonpriority Creditor's Name	Last 4 digits of account number	\$ 2,200
PO Box 59	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Evansville, IN 47701 City State ZIP Code		
State ZIF Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Account/2015-M5-001858	
√ No	Outer. Specify 71000041102010-1010-001000	
☐ Yes		
	The state of the s	
Tidewater Finance Company	Last 4 digits of account number 4 8 7 0	\$ 2,120
Nonpriority Creditor's Name 6520 Indian River Rd	When was the debt incurred?	
Number Street Virginia Beach, VA 23464-34	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
AG	Unliquidated	
Who incurred the debt? Check one.	₩ Disputed	
Debtor 1 only		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify Account	
□ No		
Yes		
Verizon Wireless	Last 4 digits of account number	_{\$} 3,297
Nonpriority Creditor's Name		
5000 Britton Parkway	When was the debt incurred?	
lumber Street Hilliard, OH 43026	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
·	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	✓ Other. Specify <u>Charged off account</u>	
☑ No ☑ Yes		

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Debtor 1

MARC WALKER Middle Name

Last Name

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

MABT/CONTFIN	Last 4 digits of account number	_{\$} 85	
onpriority Creditor's Name 21 Contintental Dr., #108	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		
umber Street Newark, DE 19713			
ity State ZIP Code			
Vho incurred the debt? Check one.			
Debtor 1 only	Disputed		
Debtor 2 only	Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	☐ Student loans		
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
Check if this claim is for a community debt			
the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify_Account - charged off		
1 No	otner. Specify Account - Charged Off		
Yes			
Aidland Funding	Last 4 digits of account number	s 50	
Onpriority Creditor's Name		\$ <u></u>	
875 Aero Dr., #200	When was the debt incurred?		
San Diego, CA 92123	As of the date you file, the claim is: Check all that apply.		
ty State ZIP Code	Contingent		
The incurred the debt? Check one.	Unliquidated		
Debtor 1 only	Disputed		
Debtor 2 only	Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	Student loans		
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a community debt	you did not report as priority claims		
the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts		
No	Other. Specify Account		
l Yes			
	Last 4 digits of account number	_{\$_7,08}	
lationwide CAC LLC pripriority Creditor's Name			
435 North Cicero Avenue	When was the debt incurred?		
chicago, IL 60641	As of the date you file, the claim is: Check all that apply.		
y State ZIP Code	Contingent		
ho incurred the debt? Check one.	☐ Unliquidated ☐ Disputed		
Debtor 1 only	- Disputed		
Debtor 2 only	Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only	☐ Student loans		
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?	Other. Specify Charged off loan		
Í No			

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Debtor 1

MARC WALKER

First Name

Last Name

Case number (if known)_

List Others to Be Notified About a Debt That You Already Listed

Credit One Bank c/o	On which entry in Part 1 or Part 2 did you list the original creditor?		
Aidland Funding LLC	Line <u>4.4</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims		
umber Street	Part 2: Creditors with Nonpriority Unsecured Clain		
365 Northside Dr., #300			
San Diego, CA 92108	Last 4 digits of account number		
ty State ZIP Code			
HSBC Bank Nevada NA c/o	On which entry in Part 1 or Part 2 did you list the original creditor?		
Portfolio Recovery	Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims		
umber Street	Part 2: Creditors with Nonpriority Unsecured		
20 Corporate Blvd.	Claims		
Vorfolk, VA 23502 ty State ZIP Code	Last 4 digits of account number		
MABT/CONTFIN	On which entry in Part 1 or Part 2 did you list the original creditor?		
ame	10		
PO Box 8099 umber Street	Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
333 Skokie Blvd., #400	Part 2: Creditors with Nonpriority Unsecured Claims		
Newark, DE 19714	Last 4 digits of account number		
ty State ZIP Code			
Nationwide CAC, LL c/o	On which entry in Part 1 or Part 2 did you list the original creditor?		
Kimberly J. Weissman	Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims		
umber Street	Part 2: Creditors with Nonpriority Unsecured Claims		
33 Skokie Blvd., #400	Cialitis		
Vorthbrook, IL 60062 ty State ZIP Code	Last 4 digits of account number		
Springleaf Financial Services	On which entry in Part 1 or Part 2 did you list the original creditor?		
729 South Cicero Ave	Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims		
umber Street	Part 2: Creditors with Nonpriority Unsecured		
	Claims		
lometown, IL 60456-1018	Last 4 digits of account number		
ty State ZIP Code			
SPRINGLEAF FINANCIAL C/O	On which entry in Part 1 or Part 2 did you list the original creditor?		
EAVNER BEYERS MIHLAR LLC	Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
ımber Street	Part 2: Creditors with Nonpriority Unsecured		
	Claims		
DECATUR IL, 62523 by State ZIP Code	Last 4 digits of account number		
idewater Finance Company c/o	On which entry in Part 1 or Part 2 did you list the original creditor?		
ideuvator Cradit Sua	·		
idewater Credit Svc	Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
	✓ Part 2: Creditors with Nonpriority Unsecured Claims		
/irginia Beach, VA 23464-			

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Debtor 1

MARC WALKER First Name

Middle Name

Last Name

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the a	mounts for each type of unsecured claim.			
			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$34,8	364.00
	6j. Total. Add lines 6f through 6i.	6 j.	\$34,8	364.00 <u></u>

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Fill	in this in	formation to i	dentify your case:			
Deb	otor	MARC WAI	_KER			
	otor 2	First Name	Middle Name	Last Name		
(Spc	ouse if filing)		Middle Name	Last Name	_	
Unit	ted States I	Bankruptcy Cour	t for the: Northern District of I	Illinois		
	se number nown)					☐ Check if this is an amended filing
Off	ficial F	Form 106	SG			
				ntracts and	Unexpired Leases	12/15
infor addit	mation. I tional page Do you h Mo. C Yes. I	f more space ges, write you nave any exec check this box a Fill in all of the arately each pe	is needed, copy the additing an ame and case number (utory contracts or unexpire and file this form with the co- information below even if the arson or company with when	onal page, fill it out, num (if known). red leases? urt with your other schedul e contracts or leases are li	ther, both are equally responsible for suppler the entries, and attach it to this page. On the entries, and attach it to this page. On the entries, and attach it to this page. On the entries of the ent	n the top of any n. 106A/B). r lease is for (for
	example, unexpired		lease, cell phone). See the	e instructions for this form i	n the instruction booklet for more examples of	executory contracts and
	Daman -		the make an area than a second			
ş	rerson c	or company w	ith whom you have the co	ntract or lease	State what the contract or lease is fo	
2.1						
	Name					
	Number	Street				
	City		State ZIP Code			
2.2		er suuraide de la maritta et il er te de marita est en		00000000000000000000000000000000000000	er hanne - sanne kanne it kome en interfessioneren en sonske kompanieren in die en social in transcript in transcr	
***************************************	Name					
	Number	Street				
	City	<u> </u>	State ZIP Code			
2.3	Cny	***************************************	State ZIP Code			
	Name					
	Number	Street				
	-					
2.4	City	***************************************	State ZIP Code			
[]	Name					
	Number	Street				
error and real		- Cirect				
2.5	City		State ZIP Code			
2.5	Name					
AND AND AND ALL PACES	Number	Street				
	City		State ZIP Code	···		

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ebto	or 1	MARC WA	LKER		Case number (if known)
0.01.0		First Name	Middle Name	Last Name	Cust Harriset (I NIGHT)
		Additional	Page if You Ha	ave More Contracts	ds or Leases
	Borner				
	Persoi	n or company	/ with whom you	have the contract or	lease What the contract or lease is for
2					
	Name				
	Numbe	r Street			
	City		State	ZIP Code	
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_	Name				
	Name				
	Numbe	r Street			
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	Name				
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	Name				
	Numbe	er Street			
	City		State	ZIP Code	-

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Fill in this info	ormation to ident	ify your case:		
	MARC WALKE			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	—
United States Ba	ankruptcy Court for th	ne: Northern District of II	linois	
Case number				
(II KIIOWII)				Check if this is a

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	ve any codebtors? (If you	u are filing a joint case, do i	not list either spouse as	s a codebtor.)
☑ No				
Yes				
Within the Arizona, C	e last 8 years, have you li alifornia, Idaho, Louisiana	ved in a community prop , Nevada, New Mexico, Pu	erty state or territory? erto Rico, Texas, Wash	? (Community property states and territories include nington, and Wisconsin.)
Mo. Go				
		ouse, or legal equivalent liv	e with you at the time?	
☐ No				
∐ Ye	s. In which community stat	te or territory did you live?	•	Fill in the name and current address of that person.
Na	me of your spouse, former spouse	, or legal equivalent		
Nu	mber Street			
Cit	V	State	ZIP Code	
Cit	у	State	ZIP Code	
shown in Schedule	1, list all of your codebt line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official For	guarantor or cosigner m 106E/F), or Schedul	r. Make sure you have listed the creditor on le G (Official Form 106G). Use Schedule D,
shown in Schedule Schedule	line 2 again as a codebto D (Official Form 106D), S	Schedule E/F (Official For	guarantor or cosigner m 106E/F), or Schedul	le G (Official Form 106G). Use Schedule D,
shown in Schedule Schedule Column	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official For	guarantor or cosigner m 106E/F), or <i>Schedul</i>	le G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the det Check all schedules that apply:
shown in Schedule Schedule	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official For	guarantor or cosigner m 106E/F), or Schedul	le G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line
shown in Schedule Schedule Column	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official For	guarantor or cosigner m 106E/F), or <i>Schedul</i>	le G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the det Check all schedules that apply:
shown in Schedule Schedule Column 1	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official For	guarantor or cosigner m 106E/F), or <i>Schedul</i>	Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line Schedule E/F, line
shown in Schedule Schedule Column 1 Name Number City	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official Fon	m 106E/F), or Schedul	Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line
shown in Schedule Schedule Column 1	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official Fon	m 106E/F), or Schedul	Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line
shown in Schedule Schedule Column 1 Name Number City	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill	Schedule E/F (Official Fon	m 106E/F), or Schedul	Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line
Shown in Schedule Schedule Column 1 Name Number City Name	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill Your codebtor Street	Schedule E/F (Official Fon I out Column 2.	m 106E/F), or Schedul ZIP Code	Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line
shown in Schedule Schedule Column 1	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill Your codebtor Street	Schedule E/F (Official Fon	m 106E/F), or Schedul	Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line
Name Number City City	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill Your codebtor Street	Schedule E/F (Official Fon I out Column 2.	m 106E/F), or Schedul ZIP Code	Column 2: The creditor to whom you owe the det Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line Schedule D, line
Shown in Schedule Schedule Column 1 Name Number City Name	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill Your codebtor Street	Schedule E/F (Official Fon I out Column 2.	m 106E/F), or Schedul ZIP Code	Column 2: The creditor to whom you owe the deb Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule G, line Schedule D, line
Name Number City City	line 2 again as a codebto D (Official Form 106D), S E/F, or Schedule G to fill Your codebtor Street	Schedule E/F (Official Fon I out Column 2.	m 106E/F), or Schedul ZIP Code	Column 2: The creditor to whom you owe the debta Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule D, line

Entered 12/31/16 20:03:24 Desc Main Case 16-40896 Doc 1 Filed 12/31/16 Document Page 41 of 60 MARC WALKER Debtor 1 Case number (if known **Additional Page to List More Codebtors** Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: 3._ ☐ Schedule D, line Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line ____ Number City ZIP Code ☐ Schedule D, line ____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ☐ Schedule G, line ____ Number Street City ZIP Code State ☐ Schedule D, line ___ Name ☐ Schedule E/F, line _____ Number Street ☐ Schedule G, line ____ City ☐ Schedule D, line Name ☐ Schedule E/F, line _____ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line __

Name ☐ Schedule E/F, line Number Street ☐ Schedule G, line State ZIP Code ☐ Schedule D, line _ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number City ZIP Code

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Fill in this in	nformation to identify	your case:				
Debtor 1	MARC WALKER					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	Northern District of Illinois				
Case number					Check if this	s is:
(ii known)					🗖 An amer	nded filing
						ement showing postpetition chapter 13
Official Fo	orm 106I					as of the following date:
Sched	lule I: You	ır İncome			MM / DD	12/15
supplying co If you are sep separate she	rrect information. If yearated and your spou	ou are married and not fi use is not filing with you, top of any additional pa	ling jointly, and yo do not include inf	our spouse is live formation about	ring with you	2), both are equally responsible for ı, include information about your spouse e. If more space is needed, attach a own). Answer every question.
1. Fill in you information	r employment on.		Debtor 1			Debtor 2 or non-filing spouse
attach a se	e more than one job, eparate page with n about additional	Employment status	☑ Employed	red		☐ Employed ☐ Not employed
Include pa self-emplo	rt-time, seasonal, or					
Occupation	n may include student aker, if it applies.	Occupation	Driver			
		Employer's name	Chicago Bak	ing Company	<u> </u>	
		Employer's address				
			Number Street			Number Street
ADD IN 11 11 11 11 11 11 11 11 11 11 11 11 11			 		-	
			City	State ZIP Cod	de	City State ZIP Code
		How long employed the	ere?			
Part 2:	Give Details About	Monthly Income				
Estimate r	nonthly income as of ess you are separated.	the date you file this for	n. If you have nothi	ing to report for a	any line, write	\$0 in the space. Include your non-filing
If you or yo	our non-filing spouse ha	eve more than one employe ttach a separate sheet to the	er, combine the info nis form.	ormation for all er	mployers for t	that person on the lines
				For De	ebtor 1	For Debtor 2 or non-filing spouse
deduction	s). If not paid monthly,	ary, and commissions (be calculate what the monthly	efore all payroll wage would be.	^{2.} \$_5,6	33.00	\$
3. Estimate	and list monthly over	time pay.		3. +\$		+ \$
4. Calculate	gross income. Add lii	ne 2 + line 3.		4. \$_5,6	33.00	\$
8.11 a				10 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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Jenioi	MARC WALKER First Name Middle Name Last Name		С	ase number (# k	nown)				
			Fo	r Debtor 1		For Debtor 2 or non-filing spou			
Copy line	4 here	4.	\$_	5,633.00	•	\$			
5. List all pay	yroll deductions:								
5a. Tax,	Medicare, and Social Security deductions	5a.	\$	1,291.00		\$			
5b. Manc	datory contributions for retirement plans	5b.	\$_	0.00	-	\$			
5c. Volu	ntary contributions for retirement plans	5c.	\$_	0.00		\$			
5d. Requ	ired repayments of retirement fund loans	5d.	\$_	0.00	-	\$			
5e. Insur	rance	5e.	. \$_	0.00	-	\$			
5f. Dom	estic support obligations	5f.	\$_	0.00	-	\$			
5g. Unio	n dues	5g.	\$_	57.00	-	\$			
5h. Othe	r deductions. Specify: <u>Section 125</u>	5h.	+ \$_	65.00		+ \$			
6. Add the	payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	1,356.00	-	\$			
7. Calculate	e total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	4,277.00	-	\$			
8. List all ot	her income regularly received:								
	ncome from rental property and from operating a business, ession, or farm								
recei	th a statement for each property and business showing gross pts, ordinary and necessary business expenses, and the total hly net income.	8a.	\$_	0.00	•	\$			
	est and dividends	8b.		0.00		\$			
	ily support payments that you, a non-filing spouse, or a depende larly receive	nt	-		-	-			
	de alimony, spousal support, child support, maintenance, divorce ement, and property settlement.	8c.	\$_	0.00	-	\$			
8d. Unen	nployment compensation	8d.	. \$_	0.00		\$			
8e. Socia	al Security	8e.	\$_	0.00	-	\$			
Include that y	r government assistance that you regularly receive de cash assistance and the value (if known) of any non-cash assistan you receive, such as food stamps (benefits under the Supplemental tion Assistance Program) or housing subsidies.	ice 8f.	\$_	0.00	_	\$			
8a Pane	sion or retirement income	8g.	•	0.00		e			
•		Ū	· ⊅_ ·		-				
	r monthly income. Specify:	8h.	+\$_	0.00	•	+\$			
9. Add all o	other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00		\$			
	monthly income. Add line 7 + line 9. ntries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$_		+	\$		\$_	4,277.00
44 C tata all a	About an audious and allowed as the assessment that are the first of t		<u>.</u>		J			Ь	
	other regular contributions to the expenses that you list in Scheon contributions from an unmarried partner, members of your household, your relatives.			dents, your ro	omn	nates, and other			
Do not inc	clude any amounts already included in lines 2-10 or amounts that are	not a	availabi	le to pay expe	ense	es listed in Schedu	ule J. 11. +	\$	0.00
	amount in the last column of line 10 to the amount in line 11. The	resu	It is the	combined m	onth	- hly income			
	amount on the Summary of Your Assets and Liabilities and Certain S					•	12.	\$_	4,277.00
		_	_		•				mbined nthly income
13. Do you e ☑ No. ☐ Yes.	expect an increase or decrease within the year after you file this t	form	?						

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Fill in this information to identify	your case:			
Debtor 1 MARC WALKER				
First Name	Middle Name Last Name	Check if th		
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name		ended filing	Secretaria de la decembra de la dec
United States Bankruptcy Court for the:	Northern District of Illinois		lement showing post	•
Case number(If known)			D/ YYYY	•
(a allowing				
Official Form 106J	_			
Schedule J: Yo	ur Expenses			12/15
information. If more space is need (if known). Answer every question				
Part 1: Describe Your Ho	usehold			
1. Is this a joint case?				
✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a	separate household?			
☐ No☐ Yes. Debtor 2 must fi	ile Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No	······································		
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents'	,	Son		☑ No □ Yes
names.				□ No
			_	☐ Yes
				□ No
				Yes
				□ No □ Yes
				☐ No
				Yes
 Do your expenses include expenses of people other than yourself and your dependents? 	□ No □ Yes			
Part 2: Estimate Your Ongo	ing Monthly Expenses			
expenses as of a date after the ba applicable date. Include expenses paid for with no	or bankruptcy filing date unless you and nkruptcy is filed. If this is a supplementary of the second	ental <i>Schedule J</i> , check the bo	•	m and fill in the
4. The rental or home ownership any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4. \$	1,500.00
If not included in line 4:				
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or	renter's insurance		4b. \$	0.00
4c. Home maintenance, repair,	, and upkeep expenses		4c. \$	0.00
4d. Homeowner's association of	or condominium dues		4d. \$	0.00

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Debtor 1

MARC WALKER
First Name Middle Name

Last Name

Case number (if known)_

			Your ex	penses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
σ.	6a. Electricity, heat, natural gas	6a.	\$	300.00
	6b. Water, sewer, garbage collection	6b.	\$	50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	550.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	20.00
10.	Personal care products and services	10,	\$	35.00
-11.	Medical and dental expenses	11.	\$	25.00
12.	Transportation. Include gas, maintenance, bus or train fare.		_	500.00
	Do not include car payments.	12.	\$	500.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	120.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17 a .	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.		·	
	Specify: My son's living expenses	19.	\$	500.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.	-	
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	MARC WALKER First Name Middle Name Last Name	number (if known)		
1. Other	: Specify: Daughter's college expenses	21.	+\$	1,100.00
2. Calcu	late your monthly expenses.			
22a. A	add lines 4 through 21.	22a.	\$	4,900.00
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22c. A	add line 22a and 22b. The result is your monthly expenses.	22c.	\$	4,900.00
3. Calcula	ate your monthly net income.			4 077 00
23a. (Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,277.00
23b. (Copy your monthly expenses from line 22c above.	23b.	-\$	4,900.00
	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c .	\$	0.00
4. Do you	u expect an increase or decrease in your expenses within the year after you file this	s form?		
	ample, do you expect to finish paying for your car loan within the year or do you expect you ge payment to increase or decrease because of a modification to the terms of your mortg			
☑ No.		······································		······

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Fill in this in	nformation to ide	ntify your case:	
Debtor 1	MARC WALK	(ER	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing) First Name	Middle Name	Last Name
United States	Bankruptcy Court fo	or the: Northern District of II	linois
Case number	·		
(If known)			
		W	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have read	the summary and schedules filed with this declaration and
that they are true and correct.	
// 1 /	
* Nac Wall	*
Signature of Debtor 1	Signature of Debtor 2
Date 10/27/2016	Pate MM / DD / YYYY
100 / CIT	וווז ו טט וווווא

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Fill in this in	formation to ide	ntify your case:	
Debtor 1	MARC WALK	ER	
- I	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States F	Bankruptcy Court for	the: Northern District of II	llinois
Case number (If known)			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

That is your current marital status? Married Not married			
uring the last 3 years, have you lived anywhe	ere other than where y	ou live now?	
Yes. List all of the places you lived in the last	3 years. Do not include	e where you live now.	
Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		☐ Same as Debtor 1	☐ Same as Debtor
Number Street	From		From
Number Street	То	Number Street	То
City State ZIP Code		City State ZIP Code	
en enterent control control of the c	entration of the second of the	Same as Debtor 1	☐ Same as Debtor
	From		From
Number Street	To	Number Street	To
City State ZIP Code			
City State ZIP Code		City State ZIP Code	

Part 2: Explain the Sources of Your Income

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Fill i	you have any income from employment n the total amount of income you received u are filing a joint case and you have inco	from all jobs and all busing	nesses, including part-tir	ne activities.	ndar years?
	No				
☑	Yes. Fill in the details.				
		Debtor 1	The second second	Debtor 2	and the second
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$63,591.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year:	Wages, commissions, bonuses, tips	s 72,397.00	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31, 2015	Operating a business	\$ <u>,</u>	Operating a business	Ψ
	For the calendar year before that:	Wages, commissions, bonuses, tips	s 79,798.00	Wages, commissions, bonuses, tips	•
	(January 1 to December 31, 2014)	Operating a business	\$	Operating a business	Φ
Incl une gan	you receive any other income during the ude income regardless of whether that incomployment, and other public benefit paymonabling and lottery winnings. If you are filing each source and the gross income from a	ome is taxable. Examples nents; pensions; rental inco a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	; money collected from laws yed together, list it only once	suits; royalties; and
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paym	ome is taxable. Examples nents; pensions; rental inco a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	; money collected from laws yed together, list it only once	suits; royalties; and
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each	ome is taxable. Examples nents; pensions; rental inco a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	; money collected from laws yed together, list it only once	suits; royalties; and
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each	come is taxable. Examples tents; pensions; rental income a joint case and you have each source separately. De	of other income are alinome; interest; dividends; e income that you receive	; money collected from laws yed together, list it only once at you listed in line 4.	suits; royalties; and e under Debtor 1. Gross Income from each source
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from a No Yes. Fill in the details.	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	of other income are alir ome; interest; dividends; e income that you receiv o not include income that Gross income from each source (before deductions and	; money collected from laws yed together, list it only once at you listed in line 4. Debtor 2. Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each source and	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	of other income are alir ome; interest; dividends e income that you receive not include income that Gross income from each source (before deductions and exclusions)	; money collected from laws yed together, list it only once at you listed in line 4. Debtor 2. Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from a No Yes. Fill in the details.	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	of other income are alir ome; interest; dividends e income that you receive not include income that Gross income from each source (before deductions and exclusions)	; money collected from laws yed together, list it only once at you listed in line 4. Debtor 2. Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions an
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from a No Yes. Fill in the details.	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) Gross income from each source (before deductions and exclusions)	; money collected from laws yed together, list it only once at you listed in line 4. Debtor 2. Sources of income Describe below.	suits; royalties; and a under Debtor 1. Gross Income from each source (before deductions and
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$\	money collected from laws yed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions an exclusions)
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from each source and the gross income from each source. No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2015	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$\	money collected from laws yed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Incl une gan List	ude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2015	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$\frac{1}{3} \text{ (bridends)}{3} \text{ (bridends)}{4} \text{ (bridends)}{5} \text{ (bridends)}{6} \t	money collected from laws yed together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions an exclusions)

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Case number (if known)_

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? ☐ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other ___ ZIP Code ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other City State ZIP Code ☐ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors ☐ Other State ZIP Code

MARC WALKER

Last Name

First Name

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nsiders include your relatives; any general corporations of which you are an officer, directions of which you are an officer, directions, including one for a business you ope such as child support and alimony.	ector, person in control, o	general partners; por owner of 20% or r	artnerships of whic	h you are a general partner; securities; and any managing
v i No				
Yes. List all payments to an insider.				
	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State Zi	P Code			
		\$	_ \$	
Insider's Name				
Number Street				
City State Zi	P Code			
Vithin 1 year before you filed for bankrup in insider? include payments on debts guaranteed or c No	ptcy, did you make any cosigned by an insider.	payments or trans	fer any property o	n account of a debt that benefited
fithin 1 year before you filed for bankrup n insider? nclude payments on debts guaranteed or c 1 No	ptcy, did you make any cosigned by an insider.	payments or trans Total amount	fer any property o Amount you still owe	
fithin 1 year before you filed for bankrup n insider? nclude payments on debts guaranteed or c 1 No	entcy, did you make any eosigned by an insider. insider. Dates of	Total amount	Amount you still	Reason for this payment
vithin 1 year before you filed for bankrup in insider? include payments on debts guaranteed or c ✓ No ☐ Yes. List all payments that benefited an	entcy, did you make any eosigned by an insider. insider. Dates of	Total amount	Amount you still owe	Reason for this payment
Vithin 1 year before you filed for bankrup in insider? Include payments on debts guaranteed or color in the color of the color of the color in the color of the c	entcy, did you make any eosigned by an insider. insider. Dates of	Total amount	Amount you still owe	Reason for this payment
Vithin 1 year before you filed for bankrup in insider? Include payments on debts guaranteed or color in the color of the color of the color in the color of the c	cosigned by an insider. insider. Dates of payment	Total amount	Amount you still owe	Reason for this payment
Vithin 1 year before you filed for bankrup in insider? Include payments on debts guaranteed or color in the color of the color of the color in the color of the c	cosigned by an insider. insider. Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

MARC WALKER

Last Name

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Case number (if known)__

hin 1 year before you filed for bankru all such matters, including personal inju contract disputes.				
No				
Yes. Fill in the details.				, , , , , , , , , , , , , , , , , , , ,
	Nature of the case	Court or agency		Status of the case
Case title Nationwide CAC, LL v.	Breach of contract	Circuit Court of Coo	k County	— 🌠 Pending
Marc Walker		Richard J. Daley Ce	enter	On appeal
	-	Number Street	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Concluded
Case number 16M1119563	_	Chicago	IL	_
		City State	ZIP Code	
Case title In re the Marriage of	Divorce	Circuit Court of Coo	k County	- Pending
Tammy and Marc Walker	A		NICO.	On appeal
Talling and Maic Walker		Bridgeview Courtho	use	Concluded
Case number 15 D5 30180		Bridgeview	IL	
		City State	ZIP Code	-
No. Go to line 11. Yes. Fill in the information below.				
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below.			Date	
eck all that apply and fill in the details be No. Go to line 11.	elow.			
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below.	Describe the propert	ed_		
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Describe the property Explain what happen	ed epossessed.		
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Explain what happen Property was re	ed epossessed.		
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happen Property was fo	ed epossessed.		
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happen Property was fo	ed epossessed. preclosed. arnished. ttached, seized, or levied.		Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happen Property was re Property was go Property was a	ed epossessed. preclosed. arnished. ttached, seized, or levied.	Date	Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happen Property was re Property was go Property was a	ed epossessed. preclosed. arnished. ttached, seized, or levied.	Date	Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happen Property was re Property was go Property was a	ed epossessed. preclosed. arnished. ttached, seized, or levied.	Date	Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIF	Explain what happen Property was re Property was go Property was a	ed epossessed. preclosed. arnished. ttached, seized, or levied.	Date	Value of the property Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIF	Explain what happen Property was re Property was go Property was a	ed epossessed. preclosed. arnished. ttached, seized, or levied.	Date	Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIF	Explain what happen Property was re Property was go Property was a Property was a Explain what happen	ed epossessed. preclosed. arnished. ttached, seized, or levied.	Date	Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIF	Explain what happen Property was re Property was good Property was a Property was	ed epossessed. preclosed. arnished. ttached, seized, or levied.	Date	Value of the property
eck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIF	Explain what happen Property was re Property was go Property was a Property was a Explain what happen	ed epossessed. preclosed. arnished. ttached, seized, or levied. v ed epossessed. preclosed.	Date	Value of the property

MARC WALKER
First Name Middle Name

Last Name

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thin 90 days before you filed for bankrup counts or refuse to make a payment bec		_			
No					
Yes. Fill in the details.					
	Describe the action the c	reditor took		Date action was taken	Amount
Creditor's Name		* ····································			
Number Street	A CONTRACTOR CONTRACTO			***************************************	\$
City State ZIP Code	Last 4 digits of account	number: XXXX-		· · · · · · · · · · · · · · · · · · ·	
editors, a court-appointed receiver, a cus No	todian, or another officia	air			
Yes					
5: List Certain Gifts and Contribut	tions				
Gifts with a total value of more than \$600 per person	Describe the gifts		n en sen seksje i . Na Dellerige kypic . je	Dates you gave the gifts	Value
Gifts with a total value of more than \$600	Describe the gifts				Value
Gifts with a total value of more than \$600	Describe the gifts				Value \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift	Describe the gifts		Tier Scholle Steiner (1985) Tier Tier Scholle Species (1985) industrialist aus de transcent (1985)		Value S S
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street	Describe the gifts				Value \$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the gifts				Value \$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street	Describe the gifts				Value \$ \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the gifts Describe the gifts				Value \$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600				Dates you gave	\$
Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person				Dates you gave	\$
Cifts with a total value of more than \$600 per person Person to Whom You Gave the Cift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person				Dates you gave	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift				Dates you gave	\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift				Dates you gave	\$

MARC WALKER
First Name Middle Na

Last Name

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MARC WALKER First Name Middle Na	me Last	Case number (if known)_		
THE CAME IN THE STATE OF THE ST				
Within 2 years before you fil	led for bankrup	etcy, did you give any gifts or contributions with a total valu	ue of more than \$60	00 to any charity?
🗹 No				
Yes. Fill in the details for	each gift or cont	ribution.		
				Lakaranan e
Gifts or contributions to c that total more than \$600	harities	Describe what you contributed	Date you contributed	Value
			1	
Charity's Name				\$
				•
				5
Number Street				
			0.00	
City State ZIP Co	ode			
t 6: List Certain Los	ses			
Describe the property you how the loss occurred	lost and	Describe any insurance coverage for the loss Include the amount that insurance has paid, List pending insurance	Date of your loss	Value of property lost
*** * * * ****************************	00 000 00 000 00 00 00 00 00 00 00 00 0	claims on line 33 of Schedule A/B: Property.		
				\$
\				
t 7: List Certain Payn	nents or Tran	sfers		
Within 1 year before you file	ed for bankrun	tcy, did you or anyone else acting on your behalf pay or tra	nefer any property	to anyone
-		or preparing a bankruptcy petition?	moler any property	to anyone
Include any attorneys, bankru	uptcy petition pro	eparers, or credit counseling agencies for services required in y	your bankruptcy.	
☐ No				
Yes. Fill in the details.				
			8 19 8 8 8 8 8 9 1 1 1 1 1 1 1 1 1 1 1 1	
		Description and value of any property transferred	Date payment or	Amount of payme
Steven O. Hamill, A	ttorney	Description and value of any property transferred	transfer was	Amount of payme
Person Who Was Paid				Amount of paymer
		\$500 dollars for legal fees and \$335.00 for filing fees.	transfer was	
Person Who Was Paid 3843 West 95th Str		\$500 dollars for legal fees and \$335.00 for filing	transfer was made	
Person Who Was Paid 3843 West 95th Str Number Street	reet	\$500 dollars for legal fees and \$335.00 for filing	transfer was made	
Person Who Was Paid 3843 West 95th Str Number Street Evergreen Park IL	eet 60805	\$500 dollars for legal fees and \$335.00 for filing	transfer was made	\$ <u>835.0</u>
Person Who Was Paid 3843 West 95th Str Number Street	eet 60805	\$500 dollars for legal fees and \$335.00 for filing	transfer was made	\$ <u>835.0</u>
Person Who Was Paid 3843 West 95th Str Number Street Evergreen Park IL	eet 60805	\$500 dollars for legal fees and \$335.00 for filing	transfer was made	\$ <u>835.0</u>
Person Who Was Paid 3843 West 95th Str Number Street Evergreen Park IL City Sta	60805	\$500 dollars for legal fees and \$335.00 for filing	transfer was made	\$ 835.00 \$

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	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				•
Number Street				Φ
				a
City State ZIP Code			Out to the control of	
Email or website address			one of the constant of the con	
Person Who Made the Payment, if Not You				
No Yes. Fill in the details.				
	Description and value of any property	transferred	Date payment or transfer was	Amount of pay
Person Who Was Paid	And the second s		made: 15 made	er Saffereit gegen
Number Street				\$
				\$
City State ZIP Code	V W.			
City State ZIP Code hin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you hav No Yes. Fill in the details.	business or financial affairs? nade as security (such as the granting	of a security interest o	r mortgage on your pro	perty).
hin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers n not include gifts and transfers that you have No	business or financial affairs? nade as security (such as the granting	of a security interest o	r mortgage on your pro	perty). Date trans
hin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers n not include gifts and transfers that you have No	business or financial affairs? nade as security (such as the granting we already listed on this statement. Description and value of property	of a security interest	r mortgage on your pro	perty). Date trans
hin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers n not include gifts and transfers that you had No Yes. Fill in the details.	business or financial affairs? nade as security (such as the granting we already listed on this statement. Description and value of property	of a security interest	r mortgage on your pro	perty). Date trans
hin 2 years before you filed for bankrup usferred in the ordinary course of your ude both outright transfers and transfers n not include gifts and transfers that you hav No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? nade as security (such as the granting we already listed on this statement. Description and value of property	of a security interest	r mortgage on your pro	perty). Date trans
hin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you hav No Yes. Fill in the details. Person Who Received Transfer	business or financial affairs? nade as security (such as the granting we already listed on this statement. Description and value of property	of a security interest	r mortgage on your pro	perty). Date trans
hin 2 years before you filed for bankrup isferred in the ordinary course of your ude both outright transfers and transfers in not include gifts and transfers that you hav No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? nade as security (such as the granting we already listed on this statement. Description and value of property	of a security interest	r mortgage on your pro	perty). Date trans
hin 2 years before you filed for bankrup isferred in the ordinary course of your lude both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? nade as security (such as the granting we already listed on this statement. Description and value of property	of a security interest	r mortgage on your pro	perty).

MARC WALKER

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ebtor 1	MARC WALKER		Case number (if known)	
	First Name Middle Name I	ast Name		
19. Wit l	hin 10 years before you filed for bank	kruptcy, did you transfer any propert	y to a self-settled trust or similar device of	which you
are	a beneficiary? (These are often called	d asset-protection devices.)	-	•
Z	No			
	Yes. Fill in the details.			
	res. Fill III the details.			
		Description and value of the proper	tv transferred	Date transfer
				was made
	Name of trust			
	·			

Part 8	List Certain Financial Accou	nts, Instruments, Safe Deposit	Boxes, and Storage Units	
			<u> </u>	
		uptcy, were any financial accounts o	r instruments held in your name, or for you	ır benefit,
	sed, sold, moved, or transferred?			_
			ficates of deposit; shares in banks, credit u	ınions,
	= -	peratives, associations, and other fin	ancial institutions.	
<u> </u>				
ч	Yes. Fill in the details.			
		Last 4 digits of account number	Type of account or Date account was	Last balance before
			instrument closed, sold, moved,	
			or transferred	
	Name of Financial Institution		D	
		xxxx	Checking	\$
	Number Street		☐ Savings	
			☐ Money market	
			☐ Brokerage	
	City State ZIP Code	_	_	
			Other	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Name of Financial Institution	xxxx	Checking	\$
	Name of Financial Institution		☐ Savings	
	Number Street		☐ Money market	
	Number Street			
			☐ Brokerage	
	· · · · · · · · · · · · · · · · · · ·		Other	
	City State ZIP Code			
21. Do	you now have, or did you have with	in 1 year before you filed for bankrur	otcy, any safe deposit box or other deposito	orv for
	curities, cash, or other valuables?			-
A	No			
	Yes. Fill in the details.			
		Who else had access to it?	Describe the contents	Do you still
		न समान नाम नेत्र संस्कृति संस्कृति । सूत्र ।		have it?
			A CONTRACTOR OF THE CONTRACTOR	□ No
				☐ Yes
	Name of Financial Institution	Name		⊸ 162
				
	Number Street	Number Street	-	
		City State ZIP Code		
	011			

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otor 1	MARC WALKER First Name Middle Name La	ast Name	Case number (if known)	
Have y	you stored property in a storage uni	it or place other than your home with	in 1 year before you filed for	bankruptcy?
☐ Ye	es. Fill in the details.			
		Who else has or had access to it?	Describe the content	Do you still have it?
				□ No
į	Name of Storage Facility	Name		☐ Yes
i	Number Street	Number Street		
		CityState ZIP Code		
	City State ZIP Code			
	ou hold or control any property that	d or Control for Someone Else someone else owns? Include any pr	operty you borrowed from, a	re storing for,
☐ Y	es. Fill in the details.			Mary
		Where is the property?	Describe the propert	y Value
	Owner's Name	_		\$
		Number Street		\$
	Owner's Name Number Street	Number Street		\$
		_		\$
			Code	\$
	Number Street City State ZIP Code	- City State ZIP	Code	\$
rt 10	Number Street City State ZIP Code City Office Code City City Code City City City City City City City City	- City State ZIP (Code	
rt 10 r the Envii haza	Number Street City State ZIP Code Give Details About Environ purpose of Part 10, the following de ronmental law means any federal, si rdous or toxic substances, wastes,	- City State ZIP (ncerning pollution, contamina	ation, releases of other medium,
r the Envir haza inclu	City State ZIP Code City State ZIP Code City Details About Environ purpose of Part 10, the following de pronmental law means any federal, si purpous or toxic substances, wastes, iding statutes or regulations control means any location, facility, or prop	nmental Information finitions apply: tate, or local statute or regulation cor or material into the air, land, soil, sui lling the cleanup of these substances erty as defined under any environme	ncerning pollution, contamina rface water, groundwater, or s, wastes, or material.	other medium,
r the Envii haza inclu Site utiliz	City State ZIP Code City State ZIP Code City Office Details About Environ purpose of Part 10, the following de cronmental law means any federal, si ridous or toxic substances, wastes, iding statutes or regulations control means any location, facility, or proper te it or used to own, operate, or utility	nmental Information finitions apply: tate, or local statute or regulation cor or material into the air, land, soil, sui lling the cleanup of these substances erty as defined under any environme ze it, including disposal sites.	ncerning pollution, contamina rface water, groundwater, or s, wastes, or material. ental law, whether you now or	other medium, wn, operate, or
r the Envir haza inclu Site utiliz	City State ZIP Code City State ZIP Code City Office Details About Environ purpose of Part 10, the following de cronmental law means any federal, si ridous or toxic substances, wastes, iding statutes or regulations control means any location, facility, or proper te it or used to own, operate, or utility	nmental Information finitions apply: tate, or local statute or regulation cor or material into the air, land, soil, sui lling the cleanup of these substances erty as defined under any environme ze it, including disposal sites. environmental law defines as a hazar	ncerning pollution, contamina rface water, groundwater, or s, wastes, or material. ental law, whether you now or	other medium, wn, operate, or
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1 MARC WAI	LKER		Case number (if known)	
First Name	Middle Name	Last Name	,	· · · · · · · · · · · · · · · · · · ·	
ave you notified an	y governmental u	nit of any release of hazardous materi	al?		
2 No					
Yes. Fill in the de	etails.				
		Governmental unit	Environmental law	if you know it	Date of notice
				ne tre commence a communicación de communicación de communicación de communicación de communicación de communic	
Name of site			9.00		
Name of Site		Governmental unit			
Number Street		Number Street			
		City State ZIP Code			
City	State ZIP Coo	de			
	A sea A MA service as an outcome of a dealer		destructive and a second account of the seco		
ave you been a par	ty in any judicial c	or administrative proceeding under an	y environmental la	w? Include settlements and o	rders.
ŽÍ No					
Yes. Fill in the de	etails.				
		Court or agency	Nature of the	Case	Status of the
Cana titla					Caso
Case title		Court Name			Pending
					On appea
		Number Street			Conclude
		<u> </u>			
Case number		City State ZIP Co	le le		
		Business or Connections to Any			·
		rkruptcy, did you own a business or h yed in a trade, profession, or other ac			iness?
		company (LLC) or limited liability part		ne or part-time	
A partner in a		company (220) or minera habitity part	ioioinp (LLi)		
-		ng executive of a corporation			
An owner of	at least 5% of the	voting or equity securities of a corpor	ation		
No. None of the					
		d fill in the details below for each bus	inace		
	ac apply above an	Describe the nature of the busines		Employer Identification number	
Business Name				Do not include Social Security I	
Decinos Hane		• • • • • • • • • • • • • • • • • • •		FIM.	
Number Street				EIN: -	

		Name of accountant or bookkeeps		Dates business existed	
		Name of accountant or bookkeepe		Dates business existed angles	
-					
City	State ZIP Cod	de		Dates business existed From To	
	State ZIP Cod			Dates business existed From To Employer Identification number	
City Business Name	State ZIP Cod	de		Dates business existed From To	
Business Name	State ZIP Co.	de		Dates business existed From To Employer Identification number	
	State ZIP Co.	de	S .	Pates business existed From To Employer Identification number Do not include Social Security In EIN: Dates business existed	
Business Name	State ZIP Cod	Describe the nature of the busines	S .	From To Employer Identification number Do not include Social Security I	
Business Name	State ZIP Cod	Describe the nature of the busines	S .	Pates business existed From To Employer Identification number Do not include Social Security In EIN: Dates business existed	number or (TIN.

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MARC WALKER		Case numbe	er (if known)	
First Name Middle Name	Last Name		(ii kilottii)	
lave you notified any governmental	unit of any release of hazardous mat	i-19		
	unit of any release of nazardous mat	eriai ?		
2 No				
Yes. Fill in the details.				
	Governmental unit	Environmental la	w, if you know it	Date of notice
			and the second s	ii 194 in anni anni anni anni anni anni anni
Name of site	Governmental unit			
Number Street	Number Street			
	···			
	City State ZIP Code	·		
	City State ZIP Code			
City State ZIP C	Gode			
				~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ave you been a party in any judicia	or administrative proceeding under	any environmental	law? include settlem	ents and orders.
Í No				
Yes. Fill in the details.				
	Court or agency	Nature of the	na casa	Status of the
	courter agono,	Nature Of a		case
Case title				_
	Court Name			Pending
				On appea
	Number Street			☐ Conclude
Case number	City State ZIP	Code		
A sole proprietor or self-emp	ankruptcy, did you own a business o loyed in a trade, profession, or other y company (LLC) or limited liability pa	activity, either full-	time or part-time	to any business?
A partner in a partnership				
An officer, director, or manag	ing executive of a corporation			
☐ An owner of at least 5% of the	e voting or equity securities of a corp	oration		
	-			
No. None of the above applies. G				
■ Yes. Check all that apply above a	and fill in the details below for each b			
	Describe the nature of the busin	IOSS	Employer Identificat	
Business Name			Do not include Soci	al Security number or ITIN.
			EIN: -	
Number Street				
		**************************************		
	Name of accountant or bookkee	per	Dates business exis	ted
	Name of accountant or bookkee	per	Dates business exis	ted
	Name of accountant or bookkee	per	Dates business exis	
City State ZIP C		per		
City State ZIP C				To
City State ZIP C	ode		From	To
STATEMENT AND A CONTROL OF THE PROPERTY OF THE	ode		FromEmployer Identificat	To
STATEMENT AND A CONTROL OF THE PROPERTY OF THE	ode		From	To
Business Name	ode	1088	FromEmployer Identificat	Ion number al Security number or ITIN.
Business Name	Describe the nature of the busin	1088	From Employer Identificat Do not include Socia	Ion number al Security number or ITIN.
Business Name	Describe the nature of the busin	1088	From  Employer Identificat Do not include Socia  EIN:  Dates business exis	Ion number al Security number or ITIN.

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or 1 MARC WALKER	Case number	(if known)
	Name	ir known)
	Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZiP Code		From To
Vithin 2 years before you filed for bankrup	etcy, did you give a financial statement to anyone ab	out your business? Include all financial
nstitutions, creditors, or other parties.  Ži No		
Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Code		
t 12: Sign Below		
The organization		WH.
answers are true and correct. I understan	t of Financial Affairs and any attachments, and I de d that making a false statement, concealing propert result in fines up to \$250,000, or imprisonment for	v. or obtaining money or property by fraud
* Ware Wigh	*	
Signature of Debtor 1	Signature of Debtor 2	
Date 10/27/2016	Date	
Did you attach additional pages to Your S	tatement of Financial Affairs for Individuals Filing fo	or Bankruptcy (Official Form 107)?
Mo □ Yes		
Did you pay or agree to pay someone who	o is not an attorney to help you fill out bankruptcy fo	orms?
		n the Bankruptcy Petition Preparer's Notice, pration, and Signature (Official Form 119).